

Enrollment Form

Liver (LIHC)

Instructions: The Enrollment Form should be completed for each TCGA qualified case, upon qualification notice from the BCR. All information provided on this form should include activity from the date of initial diagnosis to the most recent date of contact with the patient (“Date of Initial Pathologic Diagnosis” and “Date of Last Contact” on this form).

Questions regarding this form should be directed to the Tissue Source Site’s primary Clinical Outreach Contact at the BCR.

Please note the following definitions for the “Unknown” and “Not Evaluated” answer options on this form.

Unknown: This answer option should only be selected if the TSS does not know this information after all efforts to obtain the data have been exhausted. If this answer option is selected for a question that is part of the TCGA required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Not Evaluated: This answer option should only be selected by the TSS if it is known that the information being requested cannot be obtained. This could be because the test in question was never performed on the patient or the TSS knows that the information requested was never disclosed.

Tissue Source Site (TSS): _____ TSS Identifier: _____ TSS Unique Patient Identifier: _____

Completed By (Interviewer Name in OpenClinica): _____ Completed Date: _____

General Information

#	Data Element	Entry Alternatives	Working Instructions
1*	Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer to this question is yes, time intervals must be provided instead of dates, as indicated throughout this form. <i>Provided time intervals must begin with the date of initial pathologic diagnosis (e.g. biopsy or resection). Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i>
2	Is this a prospective tissue collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of TCGA, the tissue has been collected prospectively. 3088492
3	Is this a retrospective tissue collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the TCGA contract was executed, the tissue has been collected retrospectively. 3088528

Patient Information

4	Date of Birth	_____ <i>Month Day Year</i>	Provide the date the patient was born. 2896950 (Month), 2896952 (Day), 2896954 (Year)
5	Number of Days from Definitive Surgical Procedure to Date of Birth	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the patient’s date of birth. 4461930 <i>Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i>
6*	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Provide the patient’s gender using the defined categories. 2200604

Enrollment Form
Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
7	Height (at time of diagnosis)	_____ (cm)	Provide the patient's height (in centimeters) at the time the patient was diagnosed with the malignancy being submitted for TCGA. 649
8	Weight (at time of diagnosis)	_____ (kg)	Provide the patient's weight (in kilograms) at the time the patient was diagnosed with the malignancy being submitted for TCGA. 651
9	Race	<input type="checkbox"/> American Indian or Alaska Native <i>A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</i> <input type="checkbox"/> Asian <i>A person having origins in any of the original peoples of the far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</i> <input type="checkbox"/> White <i>A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa.</i> <input type="checkbox"/> Black or African American <i>A person having origins in any of any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."</i> <input type="checkbox"/> Native Hawaiian or other Pacific Islander: <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i> <input type="checkbox"/> Not Evaluated <input type="checkbox"/> Unknown	Provide the patient's race using the defined categories. 2192199
10	Ethnicity	<input type="checkbox"/> Not Hispanic or Latino: <i>A person not meeting the definition of Hispanic or Latino.</i> <input type="checkbox"/> Hispanic or Latino: <i>A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</i> <input type="checkbox"/> Not Evaluated <input type="checkbox"/> Unknown	Provide the patient's ethnicity using the defined categories. 2192217
11*	History of Prior Malignancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Indicate whether the patient was, at any time in their life, diagnosed with a malignancy prior to the diagnosis of the specimen submitted for TCGA. If the patient has had a prior malignancy, an additional form (the "Other Malignancy Form") must be completed for each prior malignancy. If the OMF was completed and submitted with the Initial Case Quality Control Form, the OMF does not need to be submitted a second time. 3382736</p> <p>If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.</p> <p>If the patient has a history of multiple diagnoses of basal or squamous cell skin cancer, complete an OMF for the first diagnosis for each of these types.</p>
12*	History of Neo-adjuvant (Pre-Operative) Treatment for Sample Submitted for TCGA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Indicate whether the patient received neo-adjuvant treatment (radiation, pharmaceutical, or both) prior to the collection of the sample submitted for TCGA. 3382737</p> <p>Systemic therapy and certain localized therapies (those administered to the same site as the TCGA submitted sample) given prior to the collection of the sample submitted for TCGA is exclusionary.</p>
13	Tumor Status (at time of last contact or death)	<input type="checkbox"/> Tumor free <input type="checkbox"/> With tumor <input type="checkbox"/> Unknown	Indicate whether the patient was tumor/disease free at the date of last contact or death. 2759550
14*	Vital Status (at date of last contact)	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Indicate whether the patient was living or deceased at the date of last contact. 5

Enrollment Form Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
15	Date of Last Contact	____ _ ____ _ ____ _ Month Day Year	If the patient is living, provide the date of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897020 (Month), 2897022 (Day), 2897024 (Year) Do not answer if patient is deceased.
16	Number of Days from Date of Definitive Surgical Procedure to Date of Last Contact	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the date of last contact. 4461931 Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
17	Date of Death	____ _ ____ _ ____ _ Month Day Year	If the patient is deceased, provide the date of death. 2897026 (Month), 2897028 (Day), 2897030 (Year)
18	Number of Days from Date of Definitive Surgical Procedure to Date of Death	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the date of death. 4461932 Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
19	Family History of Cancer (First Degree Relatives Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient's first degree relatives (i.e. parents, siblings or children) had a history of cancer. 2691192
20	Number of First Degree Relatives Who Have Had Cancer	_____	If any of the patient's first degree relatives had a history of cancer, provide the number of relatives. 3171640
21*	Patient History of Primary Risk Factors For Hepatocellular Carcinoma (Check all that apply)	<input type="checkbox"/> No History of Primary Risk Factors <input type="checkbox"/> Alcohol Consumption <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Non-Alcoholic Fatty Liver Disease <input type="checkbox"/> Alpha 1-Antitrypsin Disease <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	Indicate whether the patient had a history of primary risk factors for hepatocellular carcinoma. 3171846
22	Other risk factors for Hepatocellular carcinoma	_____	If the patient had a history of risk factors for hepatocellular carcinoma and it is not included in the provided list, describe the risk factor. 3171859
23*	Viral Hepatitis Serologies (check all that apply)	<input type="checkbox"/> Hepatitis C Antibody <input type="checkbox"/> Hepatitis C Virus RNA <input type="checkbox"/> HCV Genotype <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> HBV Surface Antibody <input type="checkbox"/> HBV Core Antibody <input type="checkbox"/> HBV DNA <input type="checkbox"/> HBV Genotype <input type="checkbox"/> Unknown	Please provide the serology/serologies that were used to determine the positive or negative test results for hepatitis, regardless of whether the patient was positive for hepatitis. 4395982
24*	Adjuvant (Post-Operative) Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had adjuvant/ post-operative radiation therapy <i>for the tumor submitted for TCGA</i> . 2005312 If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.
25*	Adjuvant (Post-Operative) Pharmaceutical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy <i>for the tumor submitted for TCGA</i> . 3397567 If the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed.

Enrollment Form

Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
26*	Adjuvant (Post-Operative) Ablation or Embolization Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had adjuvant/ post-operative ablation or embolization therapy <i>for the tumor submitted for TCGA</i> . 3172120 If the patient did have ablation/embolization treatment for this new tumor event, the Ablation/Embolization Supplemental Form should be completed.
Pathologic/Prognostic Information			
27*	Primary Site of Disease	<input type="checkbox"/> Liver	Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor submitted for TCGA. 2735776
28*	Histological Subtype	<input type="checkbox"/> Hepatocellular Carcinoma <input type="checkbox"/> Fibrolamellar Carcinoma <input type="checkbox"/> Hepatocholangiocarcinoma (Mixed)	Using the patient's pathology/laboratory report, select the histology and/or subtype of the tumor submitted for TCGA. 3081934
29	Definitive Surgical Procedure Performed	<input type="checkbox"/> Simple Segmental Resection <input type="checkbox"/> Multiple Segmental Resections <input type="checkbox"/> Lobectomy <input type="checkbox"/> Extended Lobectomy <input type="checkbox"/> Total Hepatectomy with Transplant <input type="checkbox"/> Other, specify _____	Provide the surgical procedure used to find the definitive diagnosis of the tumor submitted for TCGA. 3131309
30	Other Definitive Surgical Procedure Performed	_____	If the surgical procedure used to find the definitive diagnosis for the tumor submitted for TCGA is not included on the provided list, describe the procedure. 3121814
31*	Date of Definitive Surgical Procedure	_____ <i>Month Day Year</i>	Provide the date of the surgical procedure that resulted in the definitive diagnosis of the malignancy submitted for TCGA. 3167965 (Month), 3167977 (Day), 3167978 (Year)
32	Age at Date of Definitive Surgical Procedure	_____	Provide the age of the patient in years, at the date the definitive surgical procedure for the submitted specimen was performed. 4461953 Only complete this question if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
33*	Tumor Grade (Select the Least Differentiated Grade Observed)	<input type="checkbox"/> G1 Well differentiated <input type="checkbox"/> G2 Moderately differentiated <input type="checkbox"/> G3 Poorly differentiated <input type="checkbox"/> G4 Undifferentiated	Using the patient's pathology/laboratory report, select the tumor grade. 2785839
34	Residual Tumor	<input type="checkbox"/> RX <input type="checkbox"/> R0 <input type="checkbox"/> R1 <input type="checkbox"/> R2	Using the patient's operative report, indicate whether there was residual tumor after the surgical procedure. 2608702
35*	AJCC Cancer Staging Edition	<input type="checkbox"/> 1 st Edition (1978-1983) <input type="checkbox"/> 2 nd Edition (1984-1988) <input type="checkbox"/> 3 rd Edition (1989-1992) <input type="checkbox"/> 4 th Edition (1993-1997) <input type="checkbox"/> 5 th Edition (1998-2002) <input type="checkbox"/> 6 th Edition (2003-2009) <input type="checkbox"/> 7 th Edition (2010-present)	Based on the date the patient was staged select the AJCC edition used to stage the patient. 2722309
36*	Pathologic T Stage	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) defined by the American Joint Committee on Cancer (AJCC). 3045435
37*	Pathologic N Stage	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N2	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) defined by the American Joint Committee on Cancer (AJCC). 3203106

Enrollment Form

Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
38*	Pathologic M Stage	<input type="checkbox"/> MX <input type="checkbox"/> M0 <input type="checkbox"/> M1	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) defined by the American Joint Committee on Cancer (AJCC). 3045439
39*	Tumor Stage (Pathological and/or Clinical)	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IVB	Using the patient's pathology/laboratory report, select the stage defined by the American Joint Committee on Cancer (AJCC). 3203222
40	Is There Vascular Invasion?	<input type="checkbox"/> Macro <input type="checkbox"/> Micro <input type="checkbox"/> None <input type="checkbox"/> Unknown	Using the patient's pathology/laboratory report, indicate whether the patient had macro, micro, or no vascular invasion. 3168001
41	Child-Pugh Classification	<input type="checkbox"/> Grade A (5-6 points) <i>Well Compensated Disease</i> <input type="checkbox"/> Grade B (7-9 points) <i>Significant Functional Compromise</i> <input type="checkbox"/> Grade C (10-15 points) <i>Decompensated Disease</i> <input type="checkbox"/> Unknown	Using the patient's pathology/laboratory report, indicate the Child-Pugh classification. 2931791
For the following questions, results of laboratory testing should be for tests ordered immediately pre-operatively or at time of tissue procurement.			
42	Alpha-Fetoprotein Level (0-10 million ng/mL)	____,____,____ ng/mL	Provide the patient's pre-operative alpha-fetoprotein level or the level at the time the tumor submitted for TCGA was diagnosed. 2932074
43	Normal Range for the Alpha-Fetoprotein Level	____,____ - ____ ____,____,____ ng/mL	Provide the normal range for the alpha-fetoprotein level at the institute/ laboratory where the patient was tested. Lower Level: 3171861 Upper Level: 2932064
44	Platelet Count (Pre-resection)	____,____	Provide the patient's pre-operative platelet count or the count at the time the tumor submitted for TCGA was diagnosed. 58304
45	Normal Range for the Platelet Count	____,____ - ____ , ____	Provide the normal range for the platelet count at the institute/ laboratory where the patient was tested. Lower Level: 2003885 Upper Level: 2596499
46	Prothrombin Time INR (Serum Level, pre-resection)	__ . __ seconds	Provide the patient's pre-operative prothrombin time INR or the time at the time the tumor submitted for TCGA was diagnosed. 2459694
47	Normal Range for the Prothrombin Time INR	__ . __ - __ . __ seconds	Provide the normal range for the prothrombin time INR at the institute/ laboratory where the patient was tested. Lower Level: 2799755 Upper Level: 3171875
48	Albumin Level (Serum Level, pre-resection)	__ . __ g/dL	Provide the patient's pre-operative albumin level or the level at the time the tumor submitted for TCGA was diagnosed. 58274
49	Normal Range for the Albumin Level	__ . __ - __ . __ g/dL	Provide the normal range for the albumin level at the institute/ laboratory where the patient was tested. Lower Level: 2004085 Upper Level: 2004086
50	Total Bilirubin Level (Serum Level, pre-resection)	__ . __ mg/dL	Provide the patient's pre-operative bilirubin level or the level at the time the tumor submitted for TCGA was diagnosed. 2004060
51	Normal Range for the Total Bilirubin Level	__ . __ - __ . __ mg/dL	Provide the normal range for the bilirubin level at the institute/ laboratory where the patient was tested. Lower Level: 2718241 Upper Level: 2003891

Enrollment Form
Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
52	Creatinine Level <i>(Serum Level, pre-resection)</i>	____ mg/dL	Provide the patient's pre-operative creatinine level or the level at the time the tumor submitted for TCGA was diagnosed. 2655822
53	Normal Range for the Creatinine Level <i>(Normal Range for the Hospital)</i>	____ - ____ mg/dL	Provide the normal range for the creatinine level at the institute/ laboratory where the patient was tested. Lower Level: 2634934 Upper Level: 2183392
54	ISHAK Fibrosis Score	<input type="checkbox"/> 0 - No Fibrosis <input type="checkbox"/> 1 or 2 - Portal Fibrosis <input type="checkbox"/> 3 or 4 - Fibrous Septa <input type="checkbox"/> 5 - Nodular Formation and Incomplete Cirrhosis <input type="checkbox"/> 6 - Established Cirrhosis <input type="checkbox"/> Unknown	Using the patient's pathology/laboratory report, provide the patient's Ishak fibrosis score. 3182621
55	Evidence of Active Hepatic Inflammation in Adjacent Tissue	<input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> None <input type="checkbox"/> Unknown	Indicate whether the patient had evidence of active hepatic inflamed adjacent tissue. 3173974
56	Performance Status Scale: Eastern Cooperative Oncology Group (ECOG) <i>(To be taken prior to surgery/treatment)</i>	<input type="checkbox"/> 0 - Asymptomatic <input type="checkbox"/> 1 - Symptomatic but fully ambulatory <input type="checkbox"/> 2 - Symptomatic but in bed less than 50% of the day <input type="checkbox"/> 3 - Symptomatic and in bed more than 50% of the day <input type="checkbox"/> 4 - Bedridden <input type="checkbox"/> Unknown	Provide the patient's ECOG performance status score. 88
New Tumor Event Information <i>Complete this section if the patient had a new tumor event. If the patient did not have a new tumor event (or if the TSS does not know) indicate this in the question below, and the remainder of this section can be skipped.</i>			
57*	New Tumor Event After Initial Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after initial treatment. 3121376 If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.
58	Type of New Tumor Event	<input type="checkbox"/> Locoregional <i>(contiguous w/ tumor bed)</i> <input type="checkbox"/> Intrahepatic Recurrence <i>(new tumor distant from surgery site)</i> <input type="checkbox"/> Extrahepatic Recurrence <i>(Please specify anatomic site)</i> <input type="checkbox"/> New Primary Tumor <i>(Please specify anatomic site)</i>	Indicate whether the patient's new tumor event was a locoregional recurrence, a distant metastasis or a new primary tumor. A new primary tumor is a tumor with a different histology than the tumor submitted to TCGA. 3119721
59	Anatomic Site of New Tumor Event	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Liver <input type="checkbox"/> Brain <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	Indicate the site of this new tumor event. 3108271
60	Other Site of New Tumor Event	_____	If the site of the new tumor event is not included in the provided list, describe the site of this new tumor event. 3128033
61	Date of New Tumor Event	____/____/____ <i>Month Day Year</i>	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. 3104044 (Month), 3104042 (Day), 3104046 (Year)

Enrollment Form
Liver (LIHC)

#	Data Element	Entry Alternatives	Working Instructions
62	Number of Days from Date of Definitive Surgical Procedure to Date of New Tumor Event After Initial Treatment	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the date of new tumor event after initial treatment. 4461933 Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
63	Was Liver Transplant Performed in Conjunction with New Tumor Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If the patient had a new tumor event, indicate whether a liver transplant was performed in conjunction with the new tumor event. 3168060
64	Date of Liver Transplant	_____ <i>Month Day Year</i>	If the patient had a liver transplant in conjunction with the new tumor event, provide the date of the liver transplant. 3168022 (Month), 3168021 (Day), 3168037 (Year)
65	Number of Days from Date of Definitive Surgical Procedure to Date of Liver Transplant	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the date of Liver Transplant. 4461934 Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
66	Additional Surgery for New Tumor Event:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Using the patient's medical records, indicate whether the patient had surgery for the new tumor event in question. 3427611
67	Date of Additional Surgery for New Tumor Event	_____ <i>Month Day Year</i>	If the patient had surgery for the new tumor event, provide the date this surgery was performed. 3427612 (Month), 3427613 (Day), 3427614 (Year)
68	Number of Days from Date of Definitive Surgical Procedure to Date of Additional Surgery for New Tumor Event	_____	Provide the number of days from the date of definitive surgical procedure for the submitted specimen to the date of Additional Surgery for New Tumor Event. 4461935 Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
69	Residual Tumor After surgery for New Tumor Event	<input type="checkbox"/> RX: The presence of residual tumor or margin status cannot be assessed. <input type="checkbox"/> R0: No residual tumor and negative microscopic margins in resected specimen. <input type="checkbox"/> R1: Microscopic residual tumor. No gross residual disease but positive microscopic margins. <input type="checkbox"/> R2: Macroscopic residual tumor. Grossly visible residual disease.	Using the patient's pathology/laboratory report, select the residual tumor status after the surgical resection for the new tumor event. 3104061
70	Additional treatment for New Tumor Event: Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
71	Additional treatment for New Tumor Event: Pharmaceutical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received pharmaceutical treatment for this new tumor event. 3427616
72	Additional treatment of New Tumor Event Ablation/ Embolization Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received or is currently receiving ablation/embolization treatment for this new tumor event. 3173961

 Principal Investigator or Designee Signature

 Print Name

 _____/_____/_____
 Date